

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-025848**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

**FILED JUL 23 1962**

**3000**

**226**

VS 300  
Rev. 4/59

**10017**  
**20520**

**3**

**4 0**

**5 2**

**6**

**7 0**

**8 2**

**9332X**

**10**

**11**

**12 3-2**

**13 1-0**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>		c. CITY OR TOWN <b>Novelty</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Laughlin Hospital &amp; Clinic</b>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Wilbur</b> Middle <b>McEwen</b> Last <b>McEwen</b>		4. DATE OF DEATH Month <b>July</b> Day <b>12</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/1/92</b>
9. AGE (last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>69</b> Days <b>69</b> Hours <b>69</b> Min. <b>69</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>rural mail Farmer-carrier</b>	
11. BIRTHPLACE (City and state or country) <b>Shelby County</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>John H. McEwen</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Loft</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Grace Simmons</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>0</b>		17. INFORMANT Address <b>Mrs. Ernie Snow Novelty, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>11:45</b> a.m. <b>11:45</b> p.m. <b>11:45</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <b>Novelty</b>		20f. COUNTY <b>Novelty</b> STATE <b>Mo</b>	
21. I attended the deceased from <b>July 5, 1962</b> to <b>July 12, 1962</b> and last saw her alive on <b>July 12, 1962</b> Death occurred at <b>11:45 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Richard P. Valuchoo</b>	
22b. ADDRESS <b>Laughlin Hospital 7-12-62</b>		22c. DATE SIGNED <b>7-12-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>14 July 1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Cherry Box Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Shelby County</b>	
24. FUNERAL DIRECTOR <b>Hudson Rimer, Edina, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>July 16, 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Dorcas W. Gately</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Permit issued July 12, 1962

RICHARD P. VALUCK, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

or by Jerry L. David, Student Embalmer No. 666

working under my personal supervision.

Student Jerry L. David  
Signature of Student Embalmer

Signed A. H. Reimer

Licensed Embalmer No. 5041

P. O. Address Edina, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.